

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	SILING DATE
3-4-04 10-14-0- CLAIMS						APPLICANT	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		61	
2		1		1		62	
3		1		1		63	
4		1		1		64	
5		1		1		65	
6		1		1		66	
7		1		1		67	
8		1		1		68	
9		1		1		69	
10		1		1		70	
11		1		1		71	
12		1		1		72	
13		1		1		73	
14		1		1		74	
15		1		1		75	
16		1		1		76	
17		1		1		77	
18		1		1		78	
19		1		1		79	
20		1		1		80	
21		1		1		81	
22		1		1		82	
23		1		1		83	
24		1		1		84	
25		1		1		85	
26		1		1		86	
27		1		1		87	
28		1		1		88	
29		1		1		89	
30		1		1		90	
31		1		1		91	
32		1		1		92	
33		1		1		93	
34		1		1		94	
35		1		1		95	
36		1		1		96	
37		1		1		97	
38		1		1		98	
39		1		1		99	
40		1		1		100	
41	12	13	13	13	13	TOTAL IND.	
42	19	26	26	26	26	TOTAL DEP.	
43	21	39	39	39	39	101	
44	21	39	39	39	39		

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